

ATTACHMENT 1 (Con't)  
PART E

- (c) Must be certified by the Division of Health Services as a qualified case management provider.

Enrollment is open to all providers who can meet these requirements. An agreement will be made with the Division of Health Services, which has the recognized professional expertise and authority to establish standards that govern case management services for them. The Division of Health Services will certify that providers are qualified to render case management services in accordance with state standards or other professionally recognized standards for good care. The purpose of this activity is to help assure that case management services are provided by professionally qualified providers in accordance with Section 1902(a)(23) of the Act.

The Division of Health Services through an MOU with the Division of Medical Assistance will implement methods and procedures to certify all providers for case management to persons described in A. "Target Group" who can demonstrate:

- (i) Their capacity to provide case management services.
- (ii) Their experience with delivery and/or coordination of services for persons described in A. "Target Group".
- (iii) Their capacity to assure quality.

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- (iv) Their experience in sound financial management and record keeping.
3. The term jurisdiction means ~~the~~ the lead State agency responsible for establishing the case management provider expectations and developing the delivery system for the client population to be served.

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Supercedes  
TN No. N/A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Carolina

"CASE MANAGEMENT SERVICES FOR ADULTS AND CHILDREN AT-RISK OF ABUSE, NEGLECT, OR EXPLOITATION"

A. Target Group:

At-risk adults and children who meet the criteria shown in Attachment 1, Item A.

B. Areas of State in which services will be provided:

\_\_\_\_ Entire State.

X Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

Alamance	Cherokee	Guilford	Montgomery	Scotland
Alexander	Chowan	Halifax	Moore	Stokes
Alleghany	Clay	Harnett	Nash	Surry
Anson	Cleveland	Haywood	New Hanover	Swain
Ashe	Columbus	Henderson	Northampton	Transylvania
Avery	Craven	Hertford	Onslow	Tyrrell
Beaufort	Cumberland	Hoke	Orange	Union
Bertie	Currituck	Hyde	Pamlico	Vance
Bladen	Dare	Iredell	Pasquotank	Wake
Brunswick	Davidson	Jackson	Pender	Warren
Buncombe	Davie	Johnston	Perquimans	Washington
Burke	Durham	Jones	Person	Watauga
Cabarrus	Edgecombe	Lee	Pitt	Wayne
Caldwell	Forsyth	Lenoir	Polk	Wilson
Camden	Franklin	Lincoln	Randolph	Yadkin
Carteret	Gaston	Macon	Rockingham	Yancey
Caswell	Graham	McDowell	Rowan	
Catawba	Granville	Mecklenberg	Rutherford	
Chatham	Greene	Mitchell	Sampson	

C. Comparability of Services:

\_\_\_\_ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Services are defined in Attachment 1, Item D.

E. Qualification of Providers:

Qualifications of providers are described in Attachment 1, Item E.

"CASE MANAGEMENT SERVICES FOR ADULTS AND CHILDREN AT-RISK OF  
ABUSE, NEGLECT, OR EXPLOITATION"

- A. Target Group: The target group includes Medicaid recipients who are assessed as at-risk of abuse, neglect, or exploitation as defined in North Carolina General Statutes 7A-517 and 108A-101. The recipient cannot be institutionalized nor a recipient of other Medicaid-reimbursed case management services provided through the State's home and community-based services waivers or the State Plan. The recipient must reside in a county designated by the Division of Medical Assistance to offer this service. The case manager assesses risk using a State prescribed format. The criteria for determining whether an adult or child is at-risk of abuse, neglect, or exploitation is as follows:
1. At-Risk Adult: An at-risk adult is an individual who is at least 18 years old, or an emancipated minor, and meets one or more of the following criteria:
    - a. An individual with only one consistent identified caregiver, who needs personal assistance 24 hours per day with two or more of the activities of daily living (bathing, dressing, grooming, toileting, transferring, ambulating, eating, communicating); or
    - b. An individual with no consistent identified caregiver, who is unable to perform at least one of the activities of daily living (bathing, dressing, grooming, toileting, transferring, ambulating, eating, communicating); or
    - c. An individual with no consistent identified caregiver, who is unable to carry out instrumental activities of daily living (managing financial affairs, shopping, housekeeping, laundry, meal preparation, using transportation, using a telephone, reading, writing); or
    - d. An individual who was previously abused, neglected or exploited, and the conditions leading to the previous incident continue to exist; or
    - e. An individual who is being abused, neglected, or exploited and the need for protective services is substantiated.
  2. At-Risk Child: An at-risk child is an individual under 18 years of age who meets one or more of the following criteria:
    - a. A child with a chronic or severe physical or mental condition whose parent(s) or caretaker(s) are unable or unwilling to meet the child's care needs or whose adoptive parents need assistance in order to meet the child's care needs; or
    - b. A child whose parents are mentally or physically

ATTACHMENT 1 TO SUPPLEMENT 1  
OF ATTACHMENT 3.1-A  
PART F

impaired to the extent that there is a need for assistance with maintaining family stability and preventing or remedying problems which may result in abuse or neglect of the child;  
or

- c. A child of adolescent (under age 18) parents or parents who had their first child when either parent was an adolescent and there is a need for assistance with maintaining family stability, strengthening individual support systems, and preventing or remedying problems which may result in abuse or neglect of the child; or
- d. A child who was previously abused or neglected, and the conditions leading to the previous incident continue to exist;  
or
- e. A child who is being abused or neglected and the need for protective services is substantiated.

D. Definition of Services: Case management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person or organization. The purpose of case management services for adults and children at-risk of abuse, neglect, or exploitation is to assist them in gaining access to needed medical, social, educational, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; and to discourage over-utilization of costly services. Case management services will provide necessary coordination with providers of non-medical services such as nutrition programs like WIC or educational agencies, when services provided by these entities are needed to enable the individual to benefit from programs for which he or she is eligible.

The set of interrelated activities are as follows:

1. Evaluation of the client's individual situation to determine the extent of or need for initial or continuing case management services.
2. Needs assessment and reassessment to identify the service needs of the client.
3. Development and implementation of an individualized plan of care to meet the service needs of the client.
4. Providing assistance to the client in locating and referring him or her to providers or programs that can meet the service needs.
5. Coordinating delivery of services when multiple providers or programs are involved in care provision.

Supplement 1 to Attachment 3.1-A  
Part G

State Plan under Title XIX of the Social Security Act  
State/Territory: North Carolina

CASE MANAGEMENT SERVICES  
PERSONS WITH HIV DISEASE

- A. Target Group:  
Persons who meet the criteria shown in Attachment 1, Item A.
- B. Areas of State in which services will be provided:  
/x/ Entire State.
- C. Comparability of Services:  
/x/ Services are not comparable in amount, duration, and scope.  
Authority of section 1915(g)(1) of the Act is invoked to  
provide services without regard to the requirements of section  
1902(a)(10)(B) of the Act.
- D. Definition of Services:  
Services are defined in Attachment 1, Item D.
- E. Qualifications of Providers:  
Qualifications are described in Attachment 1, Item E.
- F. The State assures that the provision of case management services  
will not restrict an individual's free choice of providers in  
violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of  
case management services.
  2. Eligible recipients will have free choice of the providers of  
other medical care under the plan.
- G. Payment for case management services under the plan does not  
duplicate payments made to public agencies or private entities  
under other program authorities for this same purpose.

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**MAY 3 1994**

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"Case Management Services for person with HIV disease"

Target Group

The target group includes individuals who:

1. Have a medical diagnosis of HIV disease; or
2. Have a medical diagnosis of HIV seropositivity; and
3. Are eligible for regular Medicaid services; and
4. Are not institutionalized; and
5. Are not recipients of other Medicaid-reimbursed case management services provided through the State's home and community-based services waivers or the State Plan.

D. Definition of Services

The components of HIV case management are listed below. In order to be reimbursed by the Division of Medical Assistance, a provider shall provide all of these components:

1. Evaluation of the client's situation to determine the need for initial case management services;
2. Comprehensive assessment of the client's assets, deficits and needs. The following areas must be addressed, when relevant:
  - a) Socialization/recreational needs,
  - b) Physical needs,
  - c) Medical care concerns,
  - d) Social/emotional status,
  - e) Housing/physical environment status, and
  - f) Financial needs;
3. Development and implementation of a plan of care that includes goals, services to be provided and progress notes;
4. Coordination of service delivery when multiple providers or programs are involved in care provision;
5. Monitoring to ensure that services received meet the client's needs and are consistent with good quality of care;
6. Follow-up and reassessment to determine the continued appropriateness of services, the correct level of care, and the continued need for services;
7. Discharge of the client from services; and
8. Locating and helping access available systems, resources and services within the community to meet the client's needs.

E. Qualifications of Providers

1. Providers of HIV case management services shall:
  - a. Be enrolled in accordance with section 1902(a)(23) of the Social Security Act; and
  - b. Meet applicable State and Federal laws governing the participation of providers in the Medicaid program; and

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"Case Management Services for person with HIV disease"

- c. Be certified by the AIDS Care Unit, Division of Public Health, Department of Health and Human Services (DHHS), as a qualified HIV case management provider.

2. Certification of Providers.

In the absence of State licensure laws governing the qualifications and standards of practice for HIV case management providers, the State Division of Medical Assistance and the AIDS Care Unit of the Division of Public Health, Department of Health and Human Services, have a Memorandum of Understanding for provision of a certification process. The AIDS Care Branch agrees to implement methods and procedures for certifying providers of HIV case management services as qualified to render services according to professionally recognized standards for quality care. This will ensure that HIV case management services are provided by qualified providers in accordance with section 1902(a)(23) of the Social Security Act.

To be certified, a provider must:

- a. Submit an application to the AIDS Care Branch that includes the provider's plans for:
  - (i) Provision of all the HIV case management components in Attachment 1, Item D.; and
  - (ii) Quality assurance, including the monitoring and evaluation of case management records.
- b. Have qualified case managers who meet one of the following qualifications:
  - (i) Hold a master's level degree in a human service area including, but not limited to, Social Work, Sociology, Child Development, Maternal and Child Health, Counseling, Psychology or Nursing; or
  - (ii) Hold a bachelor's level degree in a human service area including, but not limited to, Social Work, Sociology, Child Development, Maternal and Child Health, Counseling, Psychology or Nursing and have two years experience working in human services; or
  - (iii) Be a licensed Registered Nurse, Nurse Practitioner, Physician Assistant, or Certified Substance Abuse Counselor and have two years experience working in human services; or

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"Case Management Services for person with HIV disease"

- (iv) Have a high school diploma and two years experience providing case management services to clients with HIV disease. Persons who qualify under Attachment 1, Item E.(2)(b)(iv) shall have all their charts reviewed and signed by an HIV case management supervisor who meets the requirements under Attachment 1, Item E.(2)(c); and may serve as an HIV case manager for five years from date of employment as an HIV case manager in an agency certified to provide HIV case management. If an agency is not a certified HIV case management provider at the time of the person's employment as an HIV case manager, the five year time period begins with the agency's certification date. After the five year period ends, the person must meet HIV case manager requirements defined in Attachment 1, Item E.(2)(b)(i), (ii) or (iii) in order to continue providing HIV case management services.
- c. Have a qualified HIV case management supervisor who meets one of the following qualifications:
  - (i) Master's level degree in a human service area including, but not limited to, Social Work, Sociology, Child Development, Maternal and Child Health, Counseling, Psychology or Nursing and one year experience in case management; or
  - (ii) Bachelor's level degree in a human service area including, but not limited to, Social Work, Sociology, Child Development, Maternal and Child Health, Counseling, Psychology or Nursing and two years experience in case management; or
  - (iii) Graduation from an accredited school of professional nursing and completion of three years of professional nursing experience, including two years in Public Health. Be licensed to practice as a registered nurse and have a minimum of two years experience in case management; or
  - (iv) Graduation from an accredited school of professional nursing and completion of three years of professional nursing experience, including two years experience supervising nurses responsible for developing and maintaining care plans and coordinating care and services for patients receiving care in their homes. Be licensed to practice as a registered nurse and have a minimum of two years experience in case management.